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PTO/SB/01 (12-97)

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13/096 **Attorney Docket Number** Christiane YOAKIM First Named Inventor COMPLETE IF KNOWN Application Number 10 / 662,606 09/15/2003 Filing Date

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

OR

□ Declaration Submitted with Initial Filing

☑ Declaration Submitted after Initial

Filing (surcharge (37 CFR 1.16 (e)) required)

Examiner Name

Group Art Unit

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Non-Nucleoside Reverse Transcriptase Inhibitors								
the specification of which (Title of the Invention) is attached hereto								
OR was filed on (MM/DD/YYYY) 09/15/2003 as United States Application Number or PCT International								
Application Number 10/662,6	Application Number 10/662,606 and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewe			entified specification	on, including the claims, as				
amended by any amendment spe	•							
I acknowledge the duty to disclos	e information which is	material to patentability	as defined in 37 Cr	-K 1.56.				
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
	·		0000	0000				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
60/411.745	Application Number(s) Filing Date (MM/DD/YYYY)							
00/411,743	09/19/2002		numb supple	onal provisional application ers are listed on a emental priority data sheet SB/02B attached hereto.				

[Page 1 of 2]
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DECLADATION

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U.S. P	arent Applicat Num		PCT	Parent		Parent Filing Date (MM/DD/YYYY)			P	Parent Patent Number (if applicable)			
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Additional U.S.	or PCT internationa	al applica	ition nur	nbers are	e listed on	a suppl	lementa	al priority data	sheet PTO	/SB/02	B attached h	nereto.	
As a named inventor	, I hereby appoint th	ne follow	ing regi	stered pr	actitioner(s	s) to pro	secute	this application	on and to tra	ansact			
and Trademark Offic	e connected therew	/ith:	Custor OR	ner Numi	ber					1	Place Custo Number Bar		
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Alan R. Stempe			28,99					ny X. Witko	wski		40,232		
Mary-Ellen M. D		•	27,92					A. Dow			46,124		
Anthony P. Bott	ino		41,62					G. Bernie			38,791		
Susan K. Pocch			45,01			Michael P. Morris 34.513 d Practitioner Information sheet PTO/SB/02C attached herel							
Additional regist	ered practitioner(s)	named o	on supp	ementai	Registered	Practi	tioner i	ntormation sn	eet PTO/SE	1/02C a	ittached here	eto.	
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Name of Sole o	or First Invento	or:				□ A	petitio	on has been	filed for th	nis uns	signed inve	entor	
Given	iven Name (first and middle [if any])					Family Name or Surname							
Christiane		YOAKIM											
Inventor's Signature	Ch	Cahre Cali						OU 14					
Residence: City	Laval	Laval State QUE			QUE	country Canada Citizenship			CA				
Post Office Addres	2100 Cuna	ard Sti	reet					•					
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City	Laval	State		QUE	ZIP	\perp	H75	3 2G5	Countr	<u>, </u>	Canada		
Additional inve	ntors are being n	named c	on the	2	nlement	al Addi	itional	Inventor(s)	sheet(s) D	TO/SI	R/N2A attac	hed heret	
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _1_ of _2_

Name of Additional Joint Inventor, if an	y:	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Na	me or S	Surname			
Jeffrey 20	О'М	EARA						
Inventor's Signature		Och 14/03						
Residence: City Boisbriand	State QUE		Canada Country		CA Citizenship			
2100 Cunard Street	2100 Cunard Street Mailing Address							
Mailing Address	Mailing Address							
c _{ity} Laval	State QUE		ZIP H7S 2G5	Countr	_y Canada			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])	Family Name or Sumame							
Bruno					2			
Inventor's Signature Survo Jemeneau Date Oct 14, 2003								
Residence: City Laval	State QUE		Country Canada		Citizenship CA			
Mailing Address 2100 Cunard Street								
Mailing Address								
Laval City	State QUE		H7S 2G5	Cou	Canada ntry			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])			Family Name or Surname					
William OGILVIE								
Inventor's Signature					Date 9 CT 23/2003			
Ottawa Residence: City	ONT State		Canada Country		CA Citizenship			
Mailing Address 1999 Woodglen Crescent								
Mailing Address								
city Ottawa	State ONT		ZIP K1J 6G7	Co	Canada			

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

					•			
Name of Additional Joint Inventor, if a	ny:	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname					
Robert	,	DÉZ	IEL					
Inventor's Robert Ug	. گسید				Date Och /63.			
Residence: City Ville Mont-Royal	State QUE		Canada Country		Date Och 16/03. Citizenship			
546 Chester Mailing Address								
Mailing Address								
_{City} Ville Mont-Royal	State QUE		ZIP H3R 1W9	Count	_{ry} Canada			
Name of Additional Joint Inventor, if a			A petition has been fi					
Given Name (first and middle [if any	1)		Family Name or Surname					
Inventor's Signature					Date			
Residence: City	State		Country		Citizenship			
Mailing Address								
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City	State		ZIP	Cou	intry			
Name of Additional Joint Inventor, if any:								
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Residence: City	State		Country		Citizenship			
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